

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-87S)

SERIAL NO. 10/522112 FILING DATE 11/25/05
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1				/			
2				/			
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TOTAL IND.			1		↓		
TOTAL DEP.			4		↔		
TOTAL CLAIMS			5				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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100							
TOTAL IND.			↓		↓		
TOTAL DEP.			↔		↔		
TOTAL CLAIMS							